



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 26, 2003.

*Daryl A. Albus*

Daryl A. Albus

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#10  
T.D.  
12/10/03

Appl No. : 09/592,442 Confirmation No. 5354  
Applicant : Udayakumar Shanungam, et al.  
Filed : June 12, 2000  
Title : STATISTICS AGGREGATION FOR POLICY-BASED NETWORK  
TC/A.U. : 2143  
Examiner : Alina A. Boutah  
Docket No. : 39301/JEC/X2/134896  
Customer No. : 35114

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DEC 05 2003

Technology Center 2100

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

3400 W. Plano Parkway  
MS/LEGL2  
Plano, Texas 75075  
November 26, 2003

Commissioner:

In response to the Office action of July 31, 2003, please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 5 of this paper.

**Amendments to the Drawings** begin on page 11 of this paper and include an attached replacement sheet.

**Remarks/Arguments** begin on page 12 of this paper.



#GAU 2143

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

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*Daryl A. Albus*

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Application No. : 09/592,442  
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Technology Center 2100

Grp./Div. : 2143  
Examiner : Alina A. Boutah

Docket No. : 39301/JEC/X2/134896

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

3400 W. Plano Parkway  
MS/LEGL2  
Plano, Texas 75075  
November 26, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	20	*20	0	x \$9.00	x \$18.00	-0-
Independent Claims	2	** 3	0	x \$43.00	x \$86.00	-0-
Multiple Dependent Claims ***				\$145.00	\$290.00	-0-
TOTAL FILING FEE						-0-
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					-0-
LIST INDEPENDENT CLAIMS: 1, 9						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

X

Attached is our check for \$ to pay the fees calculated above.  
A Petition for Extension of Time and the required fee are enclosed.

**Amendment Transmittal Letter**  
**Application No. 09/592,442**

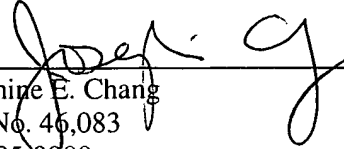
\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By \_\_\_\_\_

  
Josephine E. Chang  
Reg. No. 46,083  
626/795-9900

JEC/daa

DAA PAS538693.1-\* -11/26/03 2:40 PM